

Village Pet Hospital
(479) 855-3057

Canine Surgical Procedure Consent Form

Owner _____ Pet _____

Procedure _____

Eliz Collar

It is sound medical practice to perform pre-anesthetic blood tests to determine some basic body functions that, if out of lien, might interfere with favorable recovery from general anesthesia.

Pre-anesthetic Blood Work

Geriatric Profile

Pain control is important for the well-being of your pet following a surgical procedure.

Injection (given during surgery lasting for a short period of time)

Pain tablets to go home

IF FLEAS OR TICKS ARE FOUND ON YOUR PET, THEN THEY WILL BE TREATED AT OWNER'S EXPENSE

Please check any of the following procedures requested during your pet's stay:

Out of date vaccinations Annual Tests: Heartworm/ Erlichia Test Fecal Flotation
 Microchip Ear Cleaning Nail Trim Anal Gland Expression

Notes: _____

A personal estimate can be made, upon request, with a breakdown of possible charges. Subject to change.

I hereby authorize Village Pet Hospital to perform such diagnostic, therapeutic, and surgical procedures as are, in their opinion, necessary and advisable for treatment and maintenance of my pet's health. The nature of such services has been described to me to my satisfaction, and while I expect all procedures to be done to the best of the abilities of the professional team, I realize that no guarantee or warranty can ethically or professionally be made regarding the results. I also authorize the veterinarian and healthcare team to provide veterinary service if required, or in emergency circumstances, to follow through with such procedures as necessary for the well-being of my pet on a continuing basis until further advised in writing. **I understand that I assume all financial responsibility for all services rendered. Full payment is required at time of service. There is a 3.99% service fee applied to all card transactions.**

Signature: _____ Date ____/____/____

Phone Number: (____) _____ - _____